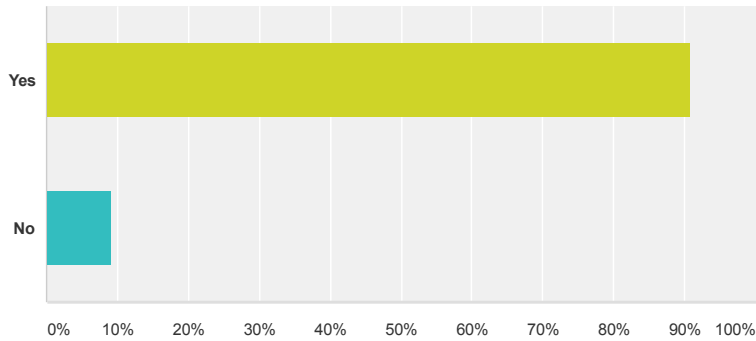


Q1

A physiotherapist wishes to start performing one or more of the controlled acts that physiotherapists are allowed to perform (spinal manipulation, tracheal suctioning, wound care, pelvic floor interventions, administering substances by inhalation—generally oxygen), to his or her patients. Does the proposed Standard make it clear what the physiotherapist is supposed to do to perform controlled acts?

Answered: 758 Skipped: 17

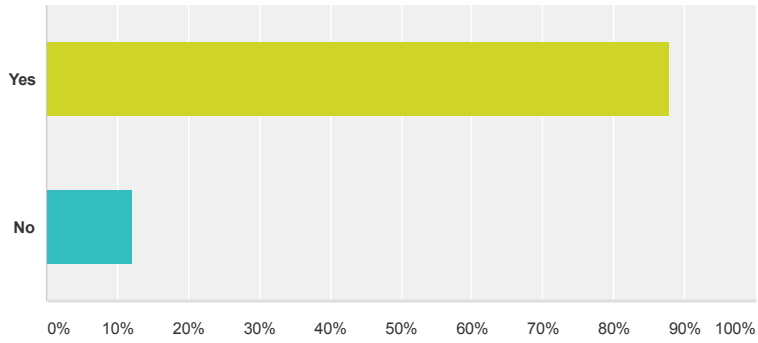


| Answer Choices | Responses |
|-------------------------------|-------------------|
| Yes | 90.90% 689 |
| No | 9.10% 69 |
| Total | 758 |
| Comments (77) | |

Q2

A physician is proposing to delegate the authority to perform the controlled act of casting fractured limbs to a physiotherapist. Does the Standard make it clear what the physiotherapist is supposed to do if he/she accepts this delegation?

Answered: 740 Skipped: 35



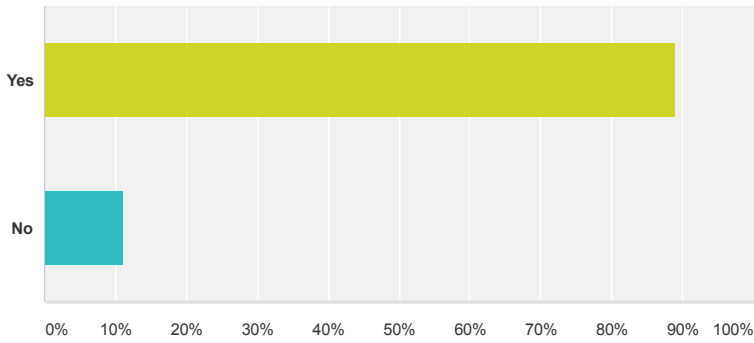
| Answer Choices | Responses |
|----------------|-------------------|
| Yes | 87.84% 650 |
| No | 12.16% 90 |
| Total | 740 |

[Comments \(78\)](#)

Q3

Please think about this scenario: A physiotherapist is proposing to delegate the controlled act of the administration of a substance by inhalation to a person that he or she works with. Does the Standard make it clear what the physiotherapist is supposed to do to delegate this controlled act?

Answered: 742 Skipped: 33

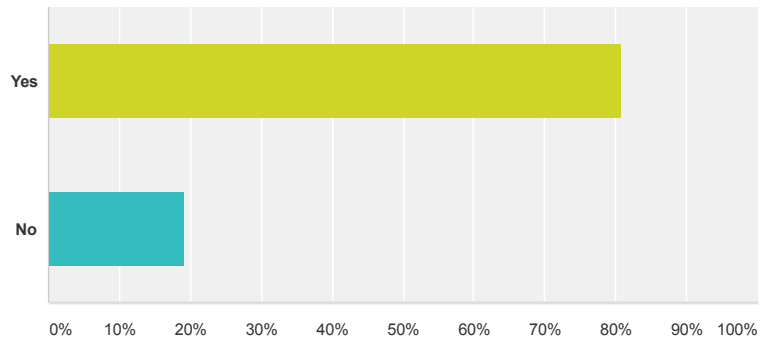


| Answer Choices | Responses |
|-------------------------------|-------------------|
| Yes | 88.95% 660 |
| No | 11.05% 82 |
| Total | 742 |
| Comments (94) | |

Q4

From a patient perspective, will these rules keep patients safe?

Answered: 746 Skipped: 29



| Answer Choices | Responses |
|----------------|-------------------|
| Yes | 80.70% 602 |
| No | 19.30% 144 |
| Total | 746 |

[Comments \(149\)](#)

Q5

1. Physiotherapists must have legal authority to perform a controlled act/legally restricted health care intervention.

Answered: 100 Skipped: 675

Yes they must be qualified , or have the requirements/education to perform these acts. No one else should be allowed to perform these acts unless they have these qualifications!!!!

6/1/2016 12:30 PM

Right

6/1/2016 1:38 AM

Yes

5/31/2016 11:37 PM

Yes Physiotherapists must need a legal authority to do this activities for added safety for the public.Specifically with Spinal Manipulations

5/31/2016 10:45 PM

yes

5/31/2016 2:42 PM

Agree

5/31/2016 1:16 PM

yes, i would strongly agree with the college to have legal authority to perform a controlled act. Also, if the college can approve these courses before they are offered

5/31/2016 9:28 AM

yes

5/31/2016 9:17 AM

I agree. PT's have advanced education and training to diagnose and recognize adverse reactions.

5/31/2016 8:27 AM

YES

5/31/2016 7:18 AM

I agree

5/30/2016 10:17 PM

yes

5/30/2016 9:45 PM

yes

5/30/2016 9:02 PM

Yes.

5/30/2016 3:23 PM

yes

5/30/2016 1:12 PM

agreed

5/30/2016 12:31 PM

yes

5/30/2016 12:32 AM

The current outline for physiotherapists demonstrating competency for a controlled act ensures patient safety

5/28/2016 9:52 AM

yes

5/28/2016 9:20 AM

Yes,if they know the precautions and contraindications and how to deal with that.

5/28/2016 6:26 AM

Suggest defining what 'legal authority' involves.

5/27/2016 3:28 PM

agree

5/27/2016 10:50 AM

agree with the first half not sure of the "legally restricted health care intervention" part

5/27/2016 9:56 AM

yes

5/27/2016 9:32 AM

agreed

5/27/2016 8:54 AM

agree.

5/27/2016 12:15 AM

yes
5/26/2016 7:28 PM

yes
5/26/2016 7:11 PM

Yes. That would improve the quality of care that can be provided to the patients.
5/26/2016 3:54 PM

Yes
5/26/2016 3:46 PM

Yes
5/26/2016 3:15 PM

not understanding this
5/26/2016 12:16 PM

Yes
5/26/2016 12:15 PM

very clear
5/26/2016 12:00 PM

yes
5/26/2016 11:15 AM

Yes
5/24/2016 5:02 PM

Yes
5/24/2016 4:09 PM

yes
5/24/2016 1:10 PM

agree
5/24/2016 1:01 PM

yes and consent everytime
5/22/2016 8:07 AM

yes, they do
5/19/2016 2:57 PM

Yes!
5/16/2016 6:48 PM

yes
5/15/2016 9:02 PM

Yes
5/15/2016 6:01 PM

The physio must have adequate training either formal or informal and be able to manage adverse events.
5/15/2016 3:17 PM

agree
5/13/2016 8:47 PM

yes
5/11/2016 3:43 PM

I agree however has to have practical experience and medical knowledge base or close communication with the doctor
5/11/2016 2:06 PM

does this refer to legislation? or is this referring to training?
5/11/2016 9:15 AM

yes
5/10/2016 3:23 PM

Q6

2. Every controlled act performed by a physiotherapist must be within the scope of practice of physiotherapy.

Answered: 107 Skipped: 668

Yes, agreed.
6/1/2016 12:30 PM

Yes
6/1/2016 1:38 AM

Yes
5/31/2016 11:37 PM

Yes
5/31/2016 10:45 PM

yes
5/31/2016 2:42 PM

Agree
5/31/2016 1:16 PM

yes,
5/31/2016 9:28 AM

yes
5/31/2016 9:17 AM

True. It is becoming every difficult for patient's to wade through the confusing titles, professions and designations. The different professions must deal within their own scopes of practice.
5/31/2016 8:27 AM

YES
5/31/2016 7:18 AM

I Agree
5/30/2016 10:17 PM

yes
5/30/2016 9:45 PM

Agreed
5/30/2016 9:36 PM

yes
5/30/2016 9:02 PM

agreed
5/30/2016 7:21 PM

Yes.
5/30/2016 3:23 PM

yes
5/30/2016 1:12 PM

agreed
5/30/2016 12:31 PM

yes
5/30/2016 12:32 AM

Agreed.
5/28/2016 9:52 AM

yes
5/28/2016 9:20 AM

This is true or else it can lead to unwanted complications.
5/28/2016 6:26 AM

Perhaps there should be another clause stating something like, 'based on additional training and demonstration of competency.'
5/27/2016 3:28 PM

agree
5/27/2016 10:50 AM

agreed
5/27/2016 9:56 AM

yes
5/27/2016 9:32 AM

agreed
5/27/2016 8:54 AM

not sure, how about Traditional Chinese Medicine?
5/27/2016 12:15 AM

yes
5/26/2016 7:28 PM

yes
5/26/2016 7:11 PM

Sure.
5/26/2016 3:54 PM

Yes
5/26/2016 3:46 PM

Yes
5/26/2016 3:15 PM

This is going to cause problems because some PT's are performing acupuncture interventions that may or may not fall strictly within the scope of physiotherapy. Cosmetic Acupuncture or acupuncture to "normalise" sympathetic/parasympathetic levels.
5/26/2016 1:58 PM

yes
5/26/2016 12:16 PM

Yes
5/26/2016 12:15 PM

clear wording
5/26/2016 12:00 PM

yes
5/26/2016 11:15 AM

agree
5/25/2016 11:12 AM

Yes
5/24/2016 5:02 PM

Yes
5/24/2016 4:09 PM

yes
5/24/2016 1:10 PM

agree
5/24/2016 1:01 PM

yes
5/22/2016 8:07 AM

YES
5/19/2016 2:57 PM

Yes.
5/16/2016 6:48 PM

yes
5/15/2016 9:02 PM

Yes
5/15/2016 6:01 PM

This makes sense
5/15/2016 3:17 PM

agree
5/13/2016 8:47 PM

Q7

3. In order to perform a controlled act, physiotherapists must assume the responsibility for the decision to offer the act and the actual performance of it.

Answered: 101 Skipped: 674

Yes.
6/1/2016 12:30 PM

Right
6/1/2016 1:38 AM

Yes
5/31/2016 11:37 PM

Yes.
5/31/2016 10:45 PM

yes
5/31/2016 2:42 PM

Agree
5/31/2016 1:16 PM

yes
5/31/2016 9:28 AM

yes
5/31/2016 9:17 AM

I agree. The advanced training PT's have gives them the tools to safely and reliably assume responsibility for it. If the PT is not comfortable, the controlled act should not be performed.
5/31/2016 8:27 AM

YES
5/31/2016 7:18 AM

Yes
5/30/2016 10:17 PM

yes
5/30/2016 9:45 PM

Agreed
5/30/2016 9:36 PM

yes. The physiotherapist must have the appropriate training and have fulfilled the examination process to perform the controlled act. They will then assume the responsibility for this decision to perform this act and the responsibility to maintain the standards for this performance.
5/30/2016 9:02 PM

agreed
5/30/2016 7:21 PM

Yes.
5/30/2016 3:23 PM

yes
5/30/2016 1:12 PM

agreed
5/30/2016 12:31 PM

yes
5/30/2016 12:32 AM

Yes, and for this reason I would not be comfortable delegated a controlled act. I currently use spinal manipulation and vaginal exams - neither I feel would be appropriate for me to delegate to another provider and at the same time be responsible for.
5/28/2016 9:52 AM

yes
5/28/2016 9:20 AM

Yes,the physiothrapist should be responsible for their act inorder to protect the patient.
5/28/2016 6:26 AM

Agree
5/27/2016 3:28 PM

agree
5/27/2016 10:50 AM

agree

5/27/2016 9:56 AM

yes

5/27/2016 9:32 AM

agreed

5/27/2016 8:54 AM

Agree.

5/27/2016 12:15 AM

yes

5/26/2016 7:28 PM

yes

5/26/2016 7:11 PM

Yes.

5/26/2016 3:54 PM

Yes

5/26/2016 3:46 PM

Yes

5/26/2016 3:15 PM

I'm unsure of what is meant by assuming responsibility to make the decision to offer it.

5/26/2016 1:58 PM

yes

5/26/2016 12:16 PM

Yes

5/26/2016 12:15 PM

yes

5/26/2016 11:15 AM

agree

5/25/2016 11:12 AM

Yes

5/24/2016 5:02 PM

Yes

5/24/2016 4:09 PM

yes

5/24/2016 1:10 PM

agree

5/24/2016 1:01 PM

YES

5/19/2016 2:57 PM

Yes.

5/16/2016 6:48 PM

true

5/15/2016 9:02 PM

Yes

5/15/2016 6:01 PM

agree

5/13/2016 8:47 PM

yes

5/11/2016 3:43 PM

Yes however PT often can be pressure by the doctor to do something she is not comfortable so OPA should educate doctor also of scope of PT

5/11/2016 2:06 PM

agreed

5/11/2016 9:15 AM

Q8

4. When requested to do so by the College, physiotherapists must be able to demonstrate that they have successfully completed formal or informal training for the controlled acts they perform.

Answered: 112 Skipped: 663

Absolutely, physiotherapists should only be allowed to perform these acts if they have FORMAL training.
6/1/2016 12:30 PM

Right
6/1/2016 1:38 AM

also need ongoing training / education
5/31/2016 11:48 PM

Yes
5/31/2016 11:37 PM

It could be made mandatory that they should clear a small online exam to update their specific controlled activity.
5/31/2016 10:45 PM

or those under medical directive
5/31/2016 10:17 PM

yes that 's important Although I'm really oppose for any control act to be able to be delegated to PTA ... I hope that the same would be true to the training offered to PTA... Is teaching spinal manipulation in 60 minutes enough, how does one assess if the PTA is performing the internal pelvic exam well... Pelvic Health Solution make a do a practical test on the instructor to ensure that we are ready to receive our certificate.... Are all physiotherapists going to have their PTA perform an practical exam on themself!!!!)
5/31/2016 4:31 PM

yes
5/31/2016 2:42 PM

Why demonstrate? if they have completed an authorized program and have been certified in it, via evaluation/examination etc. Should that not be enough?
5/31/2016 1:16 PM

yes, but i would prefer the college approves these courses so they know what PT are learning.
5/31/2016 9:28 AM

yes - however I believe controlled acts should not be delegated as formal training is necessary
5/31/2016 9:17 AM

I agree. These are advanced skills even beyond the MSc PT training. Not every PT will have this training and should have to prove they have been trained in some capacity.
5/31/2016 8:27 AM

YES
5/31/2016 7:18 AM

I agree
5/30/2016 10:17 PM

yes
5/30/2016 9:45 PM

Agreed
5/30/2016 9:36 PM

yes
5/30/2016 9:02 PM

agreed
5/30/2016 7:21 PM

Yes.
5/30/2016 3:23 PM

yes
5/30/2016 1:12 PM

agreed
5/30/2016 12:31 PM

yes
5/30/2016 12:32 AM

The current outline demonstrates that courses, exams and instruction are in place
5/28/2016 9:52 AM

yes

5/28/2016 9:20 AM

This is very important for both college,physiotherapist and patient.

5/28/2016 6:26 AM

Informal training should be further defined with examples.

5/27/2016 3:28 PM

I don't necessarily agree with this if it is a controlled act that we are authorized to perform. I agree that we should be able to have a demonstration of ongoing competency but not formal training I agree with this statement if it is a delegated controlled act to us.

5/27/2016 12:15 PM

agree

5/27/2016 10:50 AM

agree

5/27/2016 9:56 AM

yes

5/27/2016 9:32 AM

agreed

5/27/2016 8:54 AM

Agree.

5/27/2016 12:15 AM

yes

5/26/2016 7:28 PM

yes

5/26/2016 7:11 PM

Sure. Training on the controlled acts is mandatory for safe execution of the technique

5/26/2016 3:54 PM

Yes

5/26/2016 3:46 PM

Yes

5/26/2016 3:15 PM

yes

5/26/2016 12:16 PM

yes

5/26/2016 11:15 AM

It would be helpful if this was more clearly described. How would informal training be demonstrated? Competence would be a better indicator than training.

5/25/2016 11:37 AM

agree

5/25/2016 11:12 AM

so this allows a physiotherapist who has done some informal training the opportunity to become rostered? i strongly feel that the "informal training" be removed, and limit the performance of restricted activities to individuals who have done course work involving the restricted activities.

5/24/2016 9:05 PM

Yes

5/24/2016 5:02 PM

Yes

5/24/2016 4:09 PM

Yes. I have obtained my FCAMPT status. I can prove that and therefore should be allowed to perform spinal manips

5/24/2016 1:10 PM

agree

5/24/2016 1:01 PM

should be formal training to have a true understanding not just someone perspective

5/22/2016 8:07 AM

YES

5/19/2016 2:57 PM

Yes, and training should be formal.

5/16/2016 6:48 PM

yes

5/15/2016 9:02 PM

5. Formal or informal training for controlled acts must contain at least the following three components:a) Learning the indications, contraindications, adverse outcomes and risks associated with the performance of the activity,b) Practicing the technical performance of the controlled act under the supervision of a person who is authorized to perform it, andc) Evaluation of both the knowledge and practical components that demonstrate their ability to safely and competently perform the controlled act.

Answered: 119 Skipped: 656

Does the evaluation have to be in the form of a formal test (written and practical)? Would proof of such evaluation have to be in the form of a diploma or certificate of successful completion?

6/2/2016 10:36 PM

Yes

6/1/2016 1:38 AM

and ongoing evaluation to maintain competency

5/31/2016 11:48 PM

Yes

5/31/2016 10:45 PM

Have the clinical skills to assess indications & contraindications of the controlled act as well as to perform the act itself safely & competently

5/31/2016 10:17 PM

You can't see how someone is performing the control act of internal pelvic palpation... How would we determine that a PTA is doing the act well... When you teach a PTA a treatment to do with a client ie: teach crutch walking, you can assess if they are doing the job well and correct them as needed. This is impossible for internal pelvic palpation as you can't give the PTA feedback on how they are doing the act at the time of the treatment . Therefore proper supervision is impossible at the proper time

5/31/2016 4:31 PM

yes

5/31/2016 2:42 PM

Agree

5/31/2016 1:16 PM

College should also include minimum training hours in the courses component

5/31/2016 9:28 AM

Controlled acts should not be delegated. Formal training should be required to perform controlled acts.

5/31/2016 9:17 AM

I agree. This covers all the necessary outcomes/issues that could arise.

5/31/2016 8:27 AM

YES

5/31/2016 7:18 AM

you make the PT do all of this and then allow them to delegate it? Does not make any sense!

5/30/2016 11:39 PM

I agree

5/30/2016 10:17 PM

yes

5/30/2016 9:45 PM

a certain number of hours should be made a minimum

5/30/2016 9:37 PM

Agreed

5/30/2016 9:36 PM

I agree with a) and c). The practice of the technical performance however should have the practice under the supervision of a person authorized to perform it but the examination and formal evaluation should be through the appropriate Division to maintain standards.

5/30/2016 9:02 PM

agreed

5/30/2016 7:21 PM

Yes.
5/30/2016 3:23 PM

yes
5/30/2016 1:12 PM

agreed
5/30/2016 12:31 PM

yes
5/30/2016 12:32 AM

there is no standard outline as to how one can evaluate the knowledge and practical component of the person who would be delegated to perform a controlled act.
5/29/2016 8:26 PM

I believe this is providing safety for patients
5/28/2016 9:52 AM

very important as there are many weekend courses that offer the teaching of manips with no evaluation as to whether the PT performs it well/safely or with knowledge of management of adverse outcomes.
5/28/2016 9:20 AM

Absolutely .
5/28/2016 6:26 AM

Agree
5/27/2016 3:28 PM

I don't agree with this if it is an already authorized act to us.
5/27/2016 12:15 PM

not sure all these steps happen with all learning situations but they are still valuable learning situations
5/27/2016 10:50 AM

d) being rostered in the college for this.
5/27/2016 9:56 AM

I agree
5/27/2016 9:32 AM

When it comes to acupuncture (as an instructor), the above sounds good but in practice I have seen that it is not effective. To be effective, I believe that PTs must have passed the written and practical exams in acupuncture but this is not the way it is being applied. PTs are practising acupuncture without having passed the exams.
5/27/2016 8:54 AM

Agree.
5/27/2016 12:15 AM

yes
5/26/2016 7:28 PM

yes
5/26/2016 7:11 PM

YES.
5/26/2016 3:54 PM

Yes
5/26/2016 3:46 PM

From my observation from my AP training, both Gunn IMS training and AFCI training, there is no examination of there practical skill.
5/26/2016 3:15 PM

yes
5/26/2016 12:16 PM

Yes
5/26/2016 12:15 PM

some examples would be helpful example informal training by qualified physiotherapist
5/26/2016 12:00 PM

this clearly outlines the steps required to obtain the knowledge, skill and judgment to perform the act
5/26/2016 11:18 AM

yes
5/26/2016 11:15 AM

regular demonstration of keeping up with skills
5/25/2016 9:41 PM

How can evaluation be performed, especially in conditions of informal training?
5/25/2016 11:37 AM

agree
5/25/2016 11:12 AM

informal training leaves too big an opening for unqualified individuals to perform spinal manipulation. this needs to be reserved to therapists who have done training in manipulation.

5/24/2016 9:05 PM

Yes

5/24/2016 5:02 PM

Yes

5/24/2016 4:09 PM

Q10

6) Physiotherapists who perform controlled acts must be able to manage the reasonably foreseeable adverse outcomes associated with the performance of the act.

Answered: 102 Skipped: 673

For sure
6/1/2016 1:38 AM

Yes
5/31/2016 11:37 PM

True
5/31/2016 10:45 PM

Before performing a control act one must assess the client just before the act is done.... PTA can't assess and therefore can't perform the act
5/31/2016 4:31 PM

yes
5/31/2016 2:42 PM

Agree
5/31/2016 1:16 PM

yes
5/31/2016 9:28 AM

Yes
5/31/2016 9:17 AM

I agree, this seems like a given if the PT wishes to perform that controlled act.
5/31/2016 8:27 AM

YES
5/31/2016 7:18 AM

Probably should.
5/30/2016 10:17 PM

yes
5/30/2016 9:45 PM

And should have a written Emergency Action Plan in the event of an adverse effect
5/30/2016 9:36 PM

yes
5/30/2016 9:02 PM

agreed however a physiotherapist can help so much. If we think about using a TENS machine that may cause burning on the skin as an adverse outcome, a physiotherapist can not do so much. So the same ruling can apply here. A physiotherapist must give the information about the side effects of what he/she does and if an adverse outcome happens, he/she can help to certain degree.
5/30/2016 7:21 PM

Yes. The adverse effects should be discussed and taught in the formal courses.
5/30/2016 3:23 PM

yes
5/30/2016 1:12 PM

agreed
5/30/2016 12:31 PM

yes
5/30/2016 12:32 AM

I agree with this statement and this leads me to see another problem with delegating controlled acts. The Physiotherapist is now responsible for the action of the person that they delegate. That opens up further possibility of litigation. What is the responsibility of the one who was delegated?
5/29/2016 8:26 PM

agreed
5/28/2016 9:52 AM

YES
5/28/2016 9:20 AM

As we are dealing with human bodies and we are humans,we should always foresee an imperfect situation and be prepared to deal with it
5/28/2016 6:26 AM

Agree
5/27/2016 3:28 PM

agree
5/27/2016 10:50 AM

manage in a broad sense.
5/27/2016 9:56 AM

I agree
5/27/2016 9:32 AM

agreed
5/27/2016 8:54 AM

Agree.
5/27/2016 12:15 AM

yes
5/26/2016 7:28 PM

yes
5/26/2016 7:11 PM

Sure
5/26/2016 3:54 PM

Yes
5/26/2016 3:46 PM

Yes
5/26/2016 3:15 PM

yes
5/26/2016 12:16 PM

yes
5/26/2016 12:15 PM

yes
5/26/2016 11:15 AM

vague
5/25/2016 9:41 PM

For simple acts like oxygen titration it doesn't matter. I think for the more invasive controlled acts the physiotherapist should inform patients of possible adverse reactions eg an acupuncture needle can cause an infection and spinal manipulation can rarely cause paraparesis. So that the patient knows what risks he is taking going in. Adverse events when they occur can be difficult to manage for anyone whether its a PT or someone else.
5/25/2016 4:16 PM

agree
5/25/2016 11:12 AM

Yes
5/24/2016 5:02 PM

Yes
5/24/2016 4:09 PM

Yes
5/24/2016 1:10 PM

Agree, except again, this is fairly vague. What do they mean exactly? Should a PT know how to call 911, or something more?
5/24/2016 1:01 PM

yes
5/19/2016 2:57 PM

Yes.
5/16/2016 6:48 PM

Yes
5/15/2016 6:01 PM

yes
5/13/2016 8:47 PM

yes
5/11/2016 3:43 PM

and here I see problem as physiotherapists do not have enough basic medical knowledge(physiology
physiopathology, drug interaction
5/11/2016 2:06 PM

Q11

7) Upon request by the College, physiotherapists must be able to demonstrate that: a) they have the knowledge, skills and judgement required to safely and competently perform the controlled act(s) they offer, b) they know what to do if performing a controlled act results in an adverse outcome, and c) they have written instructions describing what to do if performing a controlled act results in an adverse outcome.

Answered: 124 Skipped: 651

Right

6/1/2016 1:38 AM

Yes

5/31/2016 11:37 PM

Yes

5/31/2016 10:45 PM

In acute care the controlled acts we use are oxygen titration, suctioning, and possibly acupuncture. We believe that it is not appropriate or realistic to write a manual for all things that may or may not occur in an acute care setting. We rely on our clinical judgement, experience, and education to make situational calls every day with every patient. We work in an environment with multiple resources available for support at varying levels of need and care ranging from ICUs to outpatients. As practitioners in the environment we know what/who those resources are and how and when to use them. We do not feel having written instructions is necessary or appropriate. Please consider revising this part of the standard, at least for the acute care environment.

5/31/2016 3:44 PM

yes

5/31/2016 2:42 PM

Agree

5/31/2016 1:16 PM

Who's written instructions? Based on what. Where would the written instructions be?

5/31/2016 11:43 AM

I do not see the C is necessary as the controlled act is done by PT and it is not delegated to any one. So as long as he knows how to act on adverse outcome should be good enough than having a written instruction.

5/31/2016 9:28 AM

yes

5/31/2016 9:17 AM

I agree, this seems like a given if the PT wishes to perform that controlled act.

5/31/2016 8:27 AM

YES

5/31/2016 7:18 AM

I agree

5/30/2016 10:17 PM

yes

5/30/2016 9:45 PM

Agreed

5/30/2016 9:36 PM

yes

5/30/2016 9:02 PM

disagreed. I'm not sure what the expectation is. For example in pelvic floor, if doing the assessment triggers infection, a physiotherapist can not do anything about it. he/she can refer the patient to doctor. A physiotherapist's responsibility is to inform the patient about the side effects and if something happens, the physiotherapist sometimes can not do anything.

5/30/2016 7:21 PM

Agreed.

5/30/2016 3:23 PM

yes

5/30/2016 1:12 PM

agreed

5/30/2016 12:31 PM

yes
5/30/2016 12:32 AM

pertaining to c), as a physiotherapist i would have to write a long and extensive list for someone to cover any adverse outcome. I doubt that someone who was taught this act over a day or so and the act was delegated to will remember all the adverse outcomes and what to do should an adverse situation occur. Do they really have time to run back to consult this list of written instructions?

5/29/2016 8:26 PM

YES
5/28/2016 9:20 AM

Important.
5/28/2016 6:26 AM

Agree
5/27/2016 3:28 PM

I agree with this if it is a controlled act that is delegated to us

5/27/2016 12:15 PM

regarding instructions for adverse event management there needs to be clear guidelines for how much detail and what this needs to include needs to be defined by the college

5/27/2016 10:50 AM

d) be rostered in the college for this.

5/27/2016 9:56 AM

I agree
5/27/2016 9:32 AM

agreed in general—they must know what to do and not have to take the time to find the written procedure.

5/27/2016 8:54 AM

I work as a sole charge physiotherapist in my private practice. I don't understand how having written instructions in case of adverse outcomes will be helpful.

5/27/2016 8:24 AM

Agree.
5/27/2016 12:15 AM

yes
5/26/2016 7:28 PM

yes
5/26/2016 7:11 PM

yes
5/26/2016 3:54 PM

Yes
5/26/2016 3:46 PM

yes
5/26/2016 12:16 PM

Yes
5/26/2016 12:15 PM

yes
5/26/2016 11:15 AM

Does this mean the PT has actually written the instructions, or is in possession of written instructions?

5/25/2016 11:37 AM

Yes
5/24/2016 5:02 PM

Yes
5/24/2016 4:09 PM

yes
5/24/2016 1:10 PM

- Does this mean a PRACTICAL and ORAL EXAMS? If yes, then does any other profession have to do that (ex. Surgeons, family physicians, RN, teachers, etc.)?? - If other notable professions have to do that as well, then I'm OK with it. But, if we are the only ones, then my answer is an emphatic NO!!!

5/24/2016 1:01 PM

I do not understand this one. Where would these instructions originate? Does it need to be a policy? I am only rostered for inhaled substance (oxygen in my case) and still have to have and follow a doctor's order. What direction would I need? If a person were to have an adverse reaction I would seek other medical assistance immediately.

5/21/2016 9:52 PM

yes
5/19/2016 2:57 PM

again, please see my comment above about having written instructions.

5/19/2016 2:49 PM

Would like more info on the "written instructions" for managing an adverse outcome - should this outline potential adverse outcomes and specific actions for each? or would it be more general and apply to any adverse outcome.

5/19/2016 11:53 AM

c) where should this information be written?

5/18/2016 8:28 PM

such as ...? are there any drafted up already for download on the college website?

5/17/2016 11:56 PM

Yes.

5/16/2016 6:48 PM

Q12

8. To perform controlled acts, physiotherapists must be listed on the relevant College roster(s) of members who are permitted to perform that controlled act. The only exceptions to the requirement to roster are: a) when the controlled act performed is the communication of a diagnosis identifying a disease, a physical disorder or dysfunction as the cause of a person's symptoms, or b) when physiotherapists perform controlled acts under the authority of a delegation from another health professional.

Answered: 94 Skipped: 681

Right

6/1/2016 1:38 AM

True

5/31/2016 10:45 PM

Needs a framework outlining the medical directive specifically what tasks to which patients & what circumstances. Hopefully there is an outline of competencies required & tested of the delegated act/medical directive will outline conditions

5/31/2016 10:17 PM

This is a concern. Why would you require all the previous skills and yet the physio here doesn't need that training or to be rostered. It has to be clear that if a physio is to be delegated to they must be being supervised or mentored and have taken the qualifications but aren't rostered yet but in training to become so if this is even allowed at all.

5/31/2016 7:21 PM

yes

5/31/2016 2:42 PM

Don't agree with this - need to be qualified to do this, no exceptions.

5/31/2016 1:16 PM

yes

5/31/2016 9:28 AM

Controlled acts should not be delegated. Formal training should be required to perform controlled acts.

5/31/2016 9:17 AM

I agree, this protects the public.

5/31/2016 8:27 AM

What is the procedure if a Physiotherapist observes another performing a controlled and they are not on the college roster

5/31/2016 7:49 AM

you need to sign up onto a roster to do these acts and then can still delegate? Makes no sense

5/30/2016 11:39 PM

yes

5/30/2016 9:45 PM

yes but the physiotherapist ultimately must take responsibility for the performance, standards and results of performing this controlled act.

5/30/2016 9:02 PM

agreed

5/30/2016 7:21 PM

As long as it falls within the scope of practice and the physiotherapy has completed formal training to perform such an act.

5/30/2016 3:23 PM

yes

5/30/2016 1:12 PM

pelvic internal exam and assessment should not be able to be delegated

5/30/2016 8:20 AM

yes

5/30/2016 12:32 AM

yes

5/28/2016 9:20 AM

This includes safety for everybody.
5/28/2016 6:26 AM

Agree
5/27/2016 3:28 PM

I don't understand the need to roster if it is a controlled act under PT authority and there is a clear standard of practice which outlines the responsibilities. I actually think PTs should "roster" or list controlled acts that are NOT under their authority and delegated by someone else.
5/27/2016 12:15 PM

I am not comfortable with the above. Strongly feel that for future assessment/investigation client be sent to a specialist.
5/27/2016 9:56 AM

I agree
5/27/2016 9:32 AM

agreed
5/27/2016 8:54 AM

Agree.
5/27/2016 12:15 AM

yes
5/26/2016 7:28 PM

yes
5/26/2016 7:11 PM

The controlled acts should be done by persons who are registered on the roster
5/26/2016 3:54 PM

Yes
5/26/2016 3:46 PM

I am not understanding
5/26/2016 12:16 PM

Do not understand. Not clear. You can do pelvic health to diagnose but not for treatment?
5/26/2016 12:15 PM

yes
5/26/2016 11:15 AM

Rostering should be reserved for acts that can have severe, life changing adverse events. Its not needed for simple non invasive acts like oxygen titration which a physiotherapist learns because of their experience in the field. Being a registered professional with university degree capable of exhibiting professional judgement, some respect should be given to this fact.
5/25/2016 4:16 PM

agree
5/25/2016 11:12 AM

Yes
5/24/2016 5:02 PM

Yes
5/24/2016 4:09 PM

No. I do not believe as a FCAMPT I should delegate a spinal manip to someone how is not trained.
5/24/2016 1:10 PM

Yes.
5/16/2016 6:48 PM

yes
5/15/2016 9:02 PM

Yes
5/15/2016 6:01 PM

re. point b, roster should be required
5/13/2016 8:47 PM

For 8b, what if the physiotherapist himself is also rostered? Does the legal responsibility of the controlled act falls to the delegating health professional or the physiotherapist?
5/13/2016 1:54 PM

yes
5/11/2016 3:43 PM

Agree
5/11/2016 2:06 PM

yes
5/10/2016 3:23 PM

yes
5/10/2016 3:13 PM

In my view, for the act to perform controlled acts, it is not a wise decision for the physiotherapists to perform the acts under the authority of delegation from another health profession as the scope of practice of performing controlled act should limit with in scope of the physiotherapy professional practice and NOT with another healthcare professional practice.

5/10/2016 1:22 PM

Yes I agree with this. At one of my work places, we have controlled acts from the physicians to provide consult orders and initiate PT Rx. We had to go through training and an annual exam on scenarios.

5/10/2016 10:03 AM

agree

5/10/2016 8:59 AM

Q13

9. Physiotherapists who perform controlled acts that may impact the care their patients are receiving from other health care professionals must provide relevant and timely information to these caregivers.

Answered: 84 Skipped: 691

Yes
6/1/2016 1:38 AM

Yes
5/31/2016 11:37 PM

yes
5/31/2016 10:45 PM

yes (within the scope of physiotherapy) this needs to clarified more
5/31/2016 2:42 PM

Agree
5/31/2016 1:16 PM

yes
5/31/2016 9:28 AM

Yes, however more specifics needed here
5/31/2016 9:17 AM

I agree. All necessary parties involved should be well informed of possible outcomes.
5/31/2016 8:27 AM

yes
5/30/2016 9:45 PM

yes
5/30/2016 9:02 PM

agreed
5/30/2016 7:21 PM

Agreed.
5/30/2016 3:23 PM

yes
5/30/2016 1:12 PM

yes
5/30/2016 12:32 AM

yes
5/28/2016 9:20 AM

This is nexessary for prognosis and thus should be informed.
5/28/2016 6:26 AM

Agree
5/27/2016 3:28 PM

Practically this is difficult. Often clients have multiple health care professionals and not all is shared. I feel it is the duty of the PT to let the client know of the impact of care and the clients responsibility to communicate it with his/her care providers.
5/27/2016 9:56 AM

I agree
5/27/2016 9:32 AM

agreed
5/27/2016 8:54 AM

Agree.
5/27/2016 12:15 AM

yes
5/26/2016 7:28 PM

yes
5/26/2016 7:11 PM

Very important as it would affect the overall care the patient receives
5/26/2016 3:54 PM

Yes
5/26/2016 3:46 PM

I disagree with this statute. This is primarily the responsibility of the patient and the "other health professional". A PT may not know how a PT intervention may impact the care of another professional. It is the responsibility of the other clinician to ask the patient what other interventions they are receiving and decide if these are relevant to the care they wish to deliver. Would a physician write me to indicate they have prescribed Percocet for their patient and that this may impact a patient VAS report? Of course not, it is my responsibility to ask what medications the patient is taking and adjust my choice of intervention accordingly.

5/26/2016 1:58 PM

unclear of the detail... ie is verbal communication enough

5/26/2016 12:16 PM

Unclear as to the detail that needs to be provided. Unclear on details as to cross treatment?

5/26/2016 12:15 PM

yes

5/26/2016 11:15 AM

Communication is needed whenever care impacts other health care providers, controlled act or not

5/25/2016 4:16 PM

The information needs to be more clearly defined. 'Relevant and timely' is too vague.

5/25/2016 11:37 AM

agree

5/25/2016 11:12 AM

Yes

5/24/2016 5:02 PM

Yes

5/24/2016 4:09 PM

Agree. However, what is TIMELY mean?

5/24/2016 1:01 PM

Yes.

5/16/2016 6:48 PM

Yes

5/15/2016 6:01 PM

agree

5/13/2016 8:47 PM

yes

5/11/2016 3:43 PM

Agree however in practice can be impossible. I think physician lacking the knowledge of physical treatment however they should. I think medical model will resolve many of those problems

5/11/2016 2:06 PM

yes

5/10/2016 3:23 PM

yes

5/10/2016 3:13 PM

In my view, for the act to perform controlled acts, it is not a wise decision for the physiotherapists to perform the acts under the authority of delegation from another health profession as the scope of practice of performing controlled act should limit with in scope of the physiotherapy professional practice and NOT with another healthcare professional practice. Also, the reasonable alternatives will be a difficult task for physiotherapists if there are any adverse outcomes even though the patient is thoroughly educated about the controlled act.

5/10/2016 1:22 PM

as mentioned in the last page of the survey, remove the word their.

5/10/2016 11:15 AM

Yes but what type of communication are you asking for? This should be more clear. Is it verbal? Is it documented in the chart in progress notes or is it documented electronically? I feel this communication could be lost.

5/10/2016 10:03 AM

yes

5/9/2016 10:38 PM

Yes

5/9/2016 1:28 PM

This is very difficult and not practical to do. What does relevant and timely information mean? Can the patient pass this on? (ie. tell chiropractor about a spinal manipulation)

5/9/2016 1:20 PM

consider providing an example

5/9/2016 10:30 AM

Yes

5/9/2016 7:52 AM

10. Physiotherapists must only accept the delegation of a controlled act when the following conditions are met:a) They have provided the delegating professional with the information needed for that person to meet the professional obligations for delegation that may have been established by his or her college,b) The delegating professional has provided the following information:i) the controlled act being delegated,(ii) the circumstances when physiotherapists can perform the controlled act,(iii) the limits on the delegation, and(iv) the patient or a class of patients to whom the delegation applies.c) They believe the delegating professional:i) can perform the authorized activity safely, competently and ethically,(ii) has the legal authority to delegate, and(iii) has delegated the authority according to his or her professional obligations.

Answered: 93 Skipped: 682

Yes

6/1/2016 1:38 AM

also ongoing evaluation of competency

5/31/2016 11:48 PM

Yes and within the scope of their practice

5/31/2016 11:37 PM

True

5/31/2016 10:45 PM

This should not be allowed at all. Dangerous to the patient and that should close the discussion.

5/31/2016 7:21 PM

yes

5/31/2016 2:42 PM

Need to be more specific as to who exactly the 'delegating profession' is and show that the physiotherapist who is being delegated to, has the recourse to say no, should they feel this is not appropriate for this patient.

5/31/2016 1:16 PM

yes

5/31/2016 9:28 AM

Controlled acts of internal pelvic palpation and spinal manipulation should not be delegated.

5/31/2016 9:17 AM

I agree with these statements but only on the condition that it is delegated to another, equally as trained professional (PT, DC, ND for example). Delegating a controlled act to a PTA or R.Kin is inappropriate and dangerous.

5/31/2016 8:27 AM

YES

5/31/2016 7:18 AM

I agree

5/30/2016 10:17 PM

I would add that the physiotherapist accepting the delegated act must be trained and rostered to control the acts delegated to them.

5/30/2016 9:45 PM

No portion of spinal manipulation can be safely delegated

5/30/2016 9:36 PM

No. Unless I am not interpreting this paragraph correctly, it is up to the physiotherapist who is trained and examined to perform this controlled act who should follow through with this performance. For example, physiotherapists who are trained and examined to perform any of these controlled acts should not be delegating these performed acts to someone else.

5/30/2016 9:02 PM

agreed
5/30/2016 7:21 PM

Yes.
5/30/2016 3:23 PM

yes
5/30/2016 1:12 PM

disagree. I do not believe that pelvic floor physiotherapy internal work can be safely delegated.
5/30/2016 12:31 PM

pelvic internal assessment and treatment should be exempt from delegation
5/30/2016 8:20 AM

yes
5/30/2016 12:32 AM

see other comments above. This should not be a subjective call as stated in C) this should go through formal training as done in the orthopaedic division. A formal test and evaluation by a variety of experienced professionals who do the controlled act.
5/29/2016 8:26 PM

yes
5/28/2016 9:20 AM

True.This improves the quality of treatment.
5/28/2016 6:26 AM

agree
5/27/2016 10:50 AM

Physiotherapist need to be rostered with the college for controlled acts.
5/27/2016 9:56 AM

I agree
5/27/2016 9:32 AM

agreed
5/27/2016 8:54 AM

Physiotherapy assistants should in no way be allowed to perform internal palpation for pelvic floor assessments or treatments
5/27/2016 8:34 AM

Agree.
5/27/2016 12:15 AM

yes
5/26/2016 7:28 PM

yes
5/26/2016 7:11 PM

Yes
5/26/2016 3:54 PM

Yes
5/26/2016 3:46 PM

I think that people who are properly trained in controlled acts should perform the acts. I do not think they should be delegated
5/26/2016 12:16 PM

Yes
5/26/2016 12:15 PM

yes
5/26/2016 11:15 AM

I don't feel that it is appropriate nor in the public's interest for physiotherapists to be able to delegate controlled acts. Spinal manipulation is a difficult technique to learn how to use appropriately, learn efficacy as well as to properly obtain informed consent and takes years to learn to appropriately perform under supervision by skilled instructors. Physiotherapists should not be allowed to delegate this act.
5/25/2016 9:50 PM

The controlled act of spinal manipulation should be an exception, the way that acupuncture is. Physiotherapists spend years learning safety precautions, the skill of manipulation, what to do if there is an adverse event, etc. and this learning process is very thorough and onerous. Unless the person to whom this act is being delegated has undergone similarly rigorous training, I believe that it is imprudent and dangerous to delegate the controlled act of spinal manipulation. The possible risks are far too serious to be taken lightly - they may be life threatening. I will never delegate this to another, because of the risks.
5/25/2016 1:06 PM

agree
5/25/2016 11:12 AM

This is extremely vague and is left to the interpretation of the physiotherapist delegating the act.
5/25/2016 9:03 AM

In my opinion, spinal manipulation should only be performed by a rostered PT, and not delegated to someone else.

5/24/2016 5:45 PM

Yes

5/24/2016 5:02 PM

Yes

5/24/2016 4:09 PM

Delegating spinal manipulation in addition to other controlled acts from physiotherapists to physiotherapy support personnel/ kinesiologists is irresponsible and will lead to adverse patient outcomes if we're not careful. Physiotherapists' training is very extensive in regards to spinal manipulation and without requiring the same level of education to support personnel, I would not condone delegation of this act. Furthermore, delegation of acts to support personnel would create confusion for the public in regards to the boundaries that separate our professions. There is already significant overlap between physiotherapist, chiropractors, athletic therapists, and kinesiologists, and creating further overlap devalues our training and devalues the services that we've spent so long educating ourselves to provide.

5/24/2016 1:26 PM

No I do not believe we as PT's should delegate spinal manips. Only PT's trained to perform them should do them

5/24/2016 1:10 PM

10a) Only upon that professional's request

5/24/2016 1:01 PM

Yes.

5/16/2016 6:48 PM

Yes

5/15/2016 6:01 PM

agree

5/13/2016 8:47 PM

Q15

11. Physiotherapists who perform controlled acts under delegation must tell patients the authority they are using to perform the act.

Answered: 93 Skipped: 682

Yes

6/1/2016 1:38 AM

I don't think the majority of patients understand what this means and what the implications are

5/31/2016 11:48 PM

Yes

5/31/2016 11:37 PM

True

5/31/2016 10:45 PM

That makes the rest of this obsolete.

5/31/2016 7:21 PM

So...This should also be true for a PTA performing a control act. They should have to say, I have not formal education , I have worked all my life in the laundry department and now I will manipulate your spine, IT THAT OK with you?

5/31/2016 4:31 PM

yes

5/31/2016 2:42 PM

yes

5/31/2016 9:28 AM

Controlled acts of internal pelvic palpation and spinal manipulation should not be delegated.

5/31/2016 9:17 AM

I agree. The person ultimately responsible must be transparent.

5/31/2016 8:27 AM

YES

5/31/2016 7:18 AM

Yes they should.

5/30/2016 10:17 PM

yes

5/30/2016 9:45 PM

yes

5/30/2016 9:02 PM

agreed

5/30/2016 7:21 PM

Yes.

5/30/2016 3:23 PM

yes

5/30/2016 1:12 PM

agreed

5/30/2016 12:31 PM

No patient wants to hear that the person about to do an internal pelvic exam is not fully qualified to do so

5/30/2016 8:20 AM

yes

5/30/2016 12:32 AM

I doubt that a physio is going to tell each and every patient that they were delegated to do a certain act or to reveal if they just learned the act after 10 min the day before. I think that this puts patients at risk and likely will give physiotherapists a bad name

5/29/2016 8:26 PM

yes

5/28/2016 9:20 AM

True.This makes the act transparent.

5/28/2016 6:26 AM

I agree that there is not an appropriate circumstance under which the delegation of spinal manipulation would better serve the public.

5/27/2016 11:07 PM

Agree - may want to provide examples.

5/27/2016 3:28 PM

not sure what this has to include in the communication

5/27/2016 10:50 AM

Yes

5/27/2016 9:32 AM

agreed

5/27/2016 8:54 AM

Agree.

5/27/2016 12:15 AM

yes

5/26/2016 7:28 PM

yes

5/26/2016 7:11 PM

Making the patient aware is also important

5/26/2016 3:54 PM

Yes

5/26/2016 3:46 PM

As above

5/26/2016 12:16 PM

yes

5/26/2016 12:15 PM

yes

5/26/2016 11:15 AM

Again depends on the invasiveness of the act. Example, if a physiotherapist is sending someone for an X Ray under delegation, shouldn't have to explain each time that the reason I am sending is because the doctor is delegated me. This is unnecessary exercise that does not increase public safety. Also can impact the relationship of the patient with the PT and the confidence level.

5/25/2016 4:16 PM

Yes

5/24/2016 5:02 PM

Yes

5/24/2016 4:09 PM

Delegating spinal manipulation in addition to other controlled acts from physiotherapists to physiotherapy support personnel/ kinesiologists is irresponsible and will lead to adverse patient outcomes if we're not careful. Physiotherapists' training is very extensive in regards to spinal manipulation and without requiring the same level of education to support personnel, I would not condone delegation of this act. Furthermore, delegation of acts to support personnel would create confusion for the public in regards to the boundaries that separate our professions. There is already significant overlap between physiotherapist, chiropractors, athletic therapists, and kinesiologists, and creating further overlap devalues our training and devalues the services that we've spent so long educating ourselves to provide.

5/24/2016 1:26 PM

agree

5/24/2016 1:01 PM

ofcourse

5/19/2016 2:57 PM

Would like support from the college on patient/family centred language on explaining this as most would not understand even when using the simplest language possible. I anticipate trying to explain this may cause patients/families to be alarmed. How can we explain this and foster confidence in patients/families. perhaps the College can create and "elevator speech" that promotes a consistent message across the profession

5/19/2016 11:53 AM

do not understand ... what exactly would one say?

5/17/2016 11:56 PM

Yes.

5/16/2016 6:48 PM

Yes

5/15/2016 6:01 PM

yes

5/13/2016 8:47 PM

yes

5/11/2016 3:43 PM

Agree

5/11/2016 2:06 PM

yes

5/10/2016 3:23 PM

Q16

12. Physiotherapists who have been delegated the authority to perform a controlled act must not delegate it to anyone else.

Answered: 80 Skipped: 695

Yes

6/1/2016 1:38 AM

Yes, because the delegated person might not have the same intense training as the rostered PT has.

5/31/2016 11:37 PM

True

5/31/2016 10:45 PM

true

5/31/2016 2:42 PM

yes

5/31/2016 9:28 AM

Controlled acts of internal pelvic palpation and spinal manipulation should not be delegated.

5/31/2016 9:17 AM

I agree.

5/31/2016 8:27 AM

YES

5/31/2016 7:18 AM

I agree

5/30/2016 10:17 PM

yes

5/30/2016 9:45 PM

yes

5/30/2016 9:02 PM

agreed

5/30/2016 7:21 PM

Yes. The College is there to protect the public and allowing other members (PTA, Kins) to perform controlled acts, regardless of their competency, places the patient in greater harm.

5/30/2016 3:23 PM

yes

5/30/2016 1:12 PM

agreed

5/30/2016 12:31 PM

yes

5/30/2016 12:32 AM

yes, but what is there to stop them from doing so?

5/29/2016 8:26 PM

yes

5/28/2016 9:20 AM

This is true, as it is a skilled practise it requires experienced hands. Moreover we should be responsible for our patients who trusts us. But in a different scenario where the concerned physiotherapist is suddenly unavailable and this keeps the patient waiting, this responsibility can be delegated to a trusted experienced hands if possible.

5/28/2016 6:26 AM

Spinal manipulation should only be performed by those therapists registered to do so.

5/27/2016 6:45 PM

Agree

5/27/2016 3:28 PM

agree

5/27/2016 10:50 AM

agree

5/27/2016 9:56 AM

i agree

5/27/2016 9:32 AM

agreed

5/27/2016 8:54 AM

Agree.
5/27/2016 12:15 AM

yes
5/26/2016 7:28 PM

yes
5/26/2016 7:11 PM

Agree completely
5/26/2016 3:54 PM

Yes
5/26/2016 3:46 PM

As above
5/26/2016 12:16 PM

Yes
5/26/2016 12:15 PM

yes
5/26/2016 11:15 AM

except in a circumstance when the delegation to someone else would be of benefit to the immediate care of the patient.
5/25/2016 11:12 AM

Yes
5/24/2016 5:02 PM

Yes
5/24/2016 4:09 PM

Delegating spinal manipulation in addition to other controlled acts from physiotherapists to physiotherapy support personnel/ kinesiologists is irresponsible and will lead to adverse patient outcomes if we're not careful. Physiotherapists' training is very extensive in regards to spinal manipulation and without requiring the same level of education to support personnel, I would not condone delegation of this act. Furthermore, delegation of acts to support personnel would create confusion for the public in regards to the boundaries that separate our professions. There is already significant overlap between physiotherapist, chiropractors, athletic therapists, and kinesiologists, and creating further overlap devalues our training and devalues the services that we've spent so long educating ourselves to provide.
5/24/2016 1:26 PM

Never delegate
5/24/2016 1:10 PM

agree
5/24/2016 1:01 PM

Yes.
5/16/2016 6:48 PM

Yes
5/15/2016 6:01 PM

yes
5/13/2016 8:47 PM

yes
5/11/2016 3:43 PM

Agree
5/11/2016 2:06 PM

yes
5/10/2016 3:23 PM

yes
5/10/2016 3:13 PM

100%
5/10/2016 1:22 PM

Agree with this.
5/10/2016 10:03 AM

agree
5/10/2016 8:59 AM

agree
5/9/2016 10:23 PM

13. Physiotherapists must not delegate any component of the controlled act of performing acupuncture.

Answered: 119 Skipped: 656

Right

6/1/2016 1:38 AM

Per the above answer to the question regarding patient safety, this clause should include all controlled acts

6/1/2016 12:00 AM

Yes

5/31/2016 11:37 PM

True

5/31/2016 10:45 PM

you also need to add here, manipulation, pelvic health- insertion of a finger beyond....etc. etc.

5/31/2016 7:54 PM

Why do you consider acupuncture different than something as skilled as manipulation? Seems like a bias sampling of people that decided to write these rules.

5/31/2016 7:21 PM

In my opinion the act of removing needles should be able to be delegated to an assistant. It does not make sense to not allow this but to allow delegation of spinal manip, which absolutely should NOT be allowed. This standard along with the one below need to be reconsidered

5/31/2016 5:49 PM

This should be the same of spinal manipulation and internal pelvic exam..... Way more serious negative effect can result of these two act than simply removing needle from a client's arm... Let's be logical here and protect the public as they deserve to be protected.

5/31/2016 4:31 PM

true

5/31/2016 2:42 PM

Agree - also with procedures like laser therapy & diathermy as well.

5/31/2016 1:16 PM

There are clinicians (massage therapists, chiropractors) who also have acupuncture education and training within the clinics. Why would these educated individuals not be able to complete needle removal and have the physiotherapist follow up with checking needle sites and patients well being?

5/31/2016 1:12 PM

yes

5/31/2016 9:28 AM

Yes

5/31/2016 9:17 AM

I agree, some more formal training for acupuncture should be completed. Other controlled acts are very site/job specific but acupuncture has more risk and possible adverse reactions that need to appropriately trained and prepared for.

5/31/2016 8:27 AM

YES

5/31/2016 7:18 AM

why acupuncture and not spinal manipulation - there are potential risks for both

5/30/2016 11:39 PM

Not sure.

5/30/2016 10:17 PM

no. as long as the delegated physiotherapist has the controlled act of performing acupuncture.

5/30/2016 9:45 PM

yes but this should apply to all controlled acts. Spinal manipulation for example, takes years of training and examination to perform these controlled acts. None of these controlled acts should be delegated to any other individual other than those trained and examined under the appropriate Division ie Orthopaedics, acupuncture, Cardiorespiratory, pelvic floor etc.

5/30/2016 9:02 PM

agreed

5/30/2016 7:21 PM

I would argue Physiotherapist could delegate AcuHealth as it is non-invasive and as long as the PTA or Kin has been educated by that particular physiotherapist and they deem the PTA or Kin competent to perform such an act.

5/30/2016 3:23 PM

yes

5/30/2016 1:12 PM

why just acupuncture? I think spinal manipulation and pelvic floor physiotherapy are skill sets that require considerable training and are not to be delegated due to safety concerns.

5/30/2016 12:31 PM

OR INTERNAL PELVIC EXAMS OR TREATMENT!!

5/30/2016 8:20 AM

yes

5/30/2016 12:32 AM

Why only with acupuncture? A poorly performed cervical manipulation can also kill a person, or severely physically impair them? How did you determine that this was a no and that other controlled acts were fine?

5/29/2016 8:26 PM

Why is only acupuncture mentioned here?

5/29/2016 3:23 PM

yes...otherwise adverse outcomes likely

5/28/2016 9:20 AM

I do not understand why.

5/28/2016 6:26 AM

Nor should they delegate spinal manipulation.

5/27/2016 6:45 PM

Agree

5/27/2016 3:28 PM

agree

5/27/2016 10:50 AM

agree

5/27/2016 9:56 AM

i agree

5/27/2016 9:32 AM

agreed

5/27/2016 8:54 AM

I believe it is safe to ask a physiotherapist's assistant who has been properly trained to remove acupuncture needles at the completion of the treatment.

5/27/2016 8:24 AM

Agree.

5/27/2016 12:15 AM

yes

5/26/2016 7:28 PM

yes

5/26/2016 7:11 PM

sure

5/26/2016 3:54 PM

Yes

5/26/2016 3:46 PM

Given the risk of the act, number of contraindications and level of skill required to perform well, the act of spinal manipulation should also not be delegated.

5/26/2016 1:58 PM

Removing the acupuncture needles could be delegated to PTA personnel.

5/26/2016 12:52 PM

yes

5/26/2016 12:16 PM

Yes

5/26/2016 12:15 PM

yes

5/26/2016 11:15 AM

as well as of spinal manipulation. I think that there should be 2 kinds of controlled acts: those that can have serious adverse events and require a lot of skill and experience and those that are relatively straightforward

5/25/2016 4:16 PM

Please include a similar exception for spinal manipulation.

5/25/2016 1:06 PM

agree

5/25/2016 11:12 AM

Why is there such a crack down with acupuncture? This is highlighted both in this and the support person's standard. Have there been a high incidence of complaints/injuries/issues with acupuncture recently?

5/25/2016 9:57 AM

14. Physiotherapists may delegate the controlled acts they are authorized to perform when the following conditions are met:a) They assume the responsibility for the decision to delegate the act.b) They have the knowledge, skills and judgement required to perform the controlled act safely, competently and ethically.c) They have determined that the controlled act is within the scope of practice of physiotherapy.d) They have determined that the person receiving the delegation has:i) the knowledge, skills and judgment to perform the delegated act safely, competently and ethically, and(ii) the ability to manage the reasonably foreseeable adverse outcomes associated with the performance of the act.e) They have confirmed that the person receiving the delegation has a set of written instructions indicating what should be done if performing the controlled act results in an adverse outcome.f) They have confirmed that the person receiving the delegation knows that the authority cannot be delegated to anyone else.g) They have provided the person receiving the delegation with the following information:i) the controlled act being delegated,(ii) the circumstances when the person can perform the controlled act,(iii) the limits on the delegation, and(iv) the patient or a class of patients to whom the delegation applies.h) They have documented how they have met the delegation requirements.

Answered: 152 Skipped: 623

I think there are some controlled acts that should never be delegated e.g. spinal manipulation, pelvic floor
6/11/2016 1:54 PM

This portion becomes problematic for certain controlled acts that PT's already have the legal authority to perform. For example: according to these guidelines, a PT who is rostered to perform spinal manipulation can delegate the spinal manipulation to a PT (or even a Chiropractor or an Osteopathic Doctor) who is not rostered to perform spinal manipulation. Is this not problematic? I would suggest having a clause similar to the acupuncture clause: that no component of performance of spinal manipulation can be delegated to someone else. The same would apply for the act of tracheal suctioning. It would seem nonsensical to be able to delegate any component of the performance of this act to anyone other than someone who would properly be rostered for it if they are trained properly to perform it.

6/2/2016 10:36 PM

Right

6/1/2016 1:38 AM

In order to safely perform controlled acts, physiotherapists must currently secure advanced training beyond the entry-level physiotherapy training, but that does not discount the entry-level physiotherapy training. Most individuals who would accept delegation of a controlled act from a physiotherapist would likely not have either the entry-level physiotherapy training, nor the advanced training required to safely and effectively perform these controlled acts, nor the clinical reasoning to assess the necessity of these acts. In addition, section d) is too broad and leaves too much room for the delegating physiotherapist's interpretation of the person receiving delegation. If physiotherapists were to delegate controlled acts, I would expect the individuals receiving delegation to be required to uphold the same standards of training, including rostering with the College of Physiotherapists of Ontario. Allowing support personnel and other individuals to carry out controlled acts under delegation or otherwise opens up a lot of potential to be harmful to the public, as well as the physiotherapy profession.

6/1/2016 12:00 AM

so PTA can do manipulation if PT trains him/her?
5/31/2016 11:48 PM

No
5/31/2016 11:37 PM

True
5/31/2016 10:45 PM

this has been interpreted, in our organization, that a directive to allow other professions the ability to administer oxygen can be authorized by physiotherapists. If this is not the intent of the standard, this should be clearly stated.
5/31/2016 10:17 PM

You are playing with fire here. Disappointing to see the college would be willing to put the public at risk.
5/31/2016 7:21 PM

It does not make any sense that a physio is not able to have an assistant remove Acu needles but can delegate spinal manip, wound debridement, internal pelvic rehab. These are far more technical and risky skills than simple removing a needle. This needs to be reconsidered. There is no way that spinal manip should be delegated to an assistant.
5/31/2016 5:49 PM

I completely disagree with delegating controlled acts to PTAs. 1- I teach in an OTA/PTA program and I can definitely tell you that their training is insufficient to say that 14. b) would be met, let alone the rest. 2- All controlled acts require an element of assessment that could change the treatment plan, which contradicts the current standard: "Not assigning any physiotherapy intervention that has an evaluation component that immediately influences the treatment program.", as well as the proposed standard: "treatment that would require the assistant to make an independent analysis and decision to modify the treatment outside of an established plan". Based on this, I think it is unreasonable, unacceptable, and unsafe to delegate controlled acts to PTAs. I think it would be wise to re-explore this possibility in a few years once the new standards come to effect. If controlled acts are to be delegated, I think a careful review of OTA/PTA training should take place prior to allowing this. The training programs should be standardized and prior entry to practice, OTAs/PTAs should do a credentialing exam (OSCE) and have monitoring. But then their salary would have to be increased to match the level of education they would pursue as well as the responsibilities they would face, hence defeating the purpose of decreasing rehab costs by hiring assistants...
5/31/2016 4:51 PM

See all the answer above. If the College proceed with allowing delegation of control act to PTA the public is at significant risk. It would be nice if we lived in a province where every clinic would be open to serve the public with respect but this is just a way for private clinic to make more money fast.. we have enough horror story about private clinic not being ethical ,, let's no put t public at risk on top of this
5/31/2016 4:31 PM

Ludicrous: so foolish, unreasonable, or out of place as to be amusing.
5/31/2016 3:26 PM

true
5/31/2016 2:42 PM

This MUST be reconsidered. It is opening up a possibility for exploitation and dangerous care. Physiotherapists have trained for years to be able to perform controlled acts like wound debridement, spinal manipulation, and internal pelvic assessment and treatment. These acts should not be allowed to be delegated. Point D is damaging to the profession, as well as damaging to the standards of education physiotherapists pursue and the quality of that training.
5/31/2016 1:18 PM

Physiotherapists should NOT be able to delegate controlled acts that took extensive training and skill to an assistant (specifically spinal manipulation, acupuncture, pelvic health assessments/treatments and tracheal suctioning). Delegating the titration of oxygen is the only exception to this in my opinion.
5/31/2016 11:49 AM

? regarding written instructions - need more details/info - too vague
5/31/2016 11:43 AM

I do not believe that suctioning, wound care, spinal manipulation or pelvic floor physiotherapy should be allowed to be delegated due to the complex nature of these treatments. As a pelvic health physiotherapist, I cannot imagine delegating an exam to another health care provider given that they do not have the training, education and resources that I have had to perform this act. As a patient I would not want suctioning, wound care, pelvic floor treatment or spinal manipulation performed on me by someone who did not have the extensive training needed to do this safely and skillfully.
5/31/2016 10:54 AM

yes
5/31/2016 9:28 AM

Internal pelvic palpation and spinal manipulation should not be allowed to be delegated. These controlled acts are advanced skills that require significant formal training and appropriate clinical reasoning and judgment to be performed safely and effectively. These acts should not be delegated to another physiotherapist or to support personnel.
5/31/2016 9:17 AM

I agree that delegating to another equally trained professional, another PT, makes sense and is appropriate so long as the above mentioned conditions are met. Delegating from a PT to a PTA or R.Kin is inappropriate and wrong. Delegation in this manner is dangerous. The whole point of a controlled act is to have advanced training and skills to perform this act. Having the ability to delegate this is a PTA is dangerous. It should be more clear as to whom the controlled act could be delegated too.
5/31/2016 8:27 AM

ridiculous!
5/30/2016 11:39 PM

see previous comments on this section
5/30/2016 10:48 PM

No controlled acts should be delegated to any individual without the training and completion of the examination process. These controlled acts have this training and responsibility in order to protect the public. Delegation of controlled acts to another person other than those certified to perform these acts undermines the existing process in place for training and examination.

5/30/2016 9:45 PM

- while this may increase efficiency of delivery of care, this will ultimately lower the quality of physiotherapy in the future - physiotherapist went thru years of training to perfect his/her skills, to deliver it on an individual basis, understand safety and adverse effects on the fly; by delegating these acts, we are effectively removing the accountability we have to our patients - this is more akin to teaching someone at an assembly line

5/30/2016 9:37 PM

No controlled acts should be delegated to any individual without the training and completion of the examination process. These controlled acts have this training and responsibility in order to protect the public. Delegation of controlled acts to another person other than those certified to perform these acts undermines the existing process in place for training and examination.

5/30/2016 9:02 PM

Remove #14 portion completely - a controlled act is a controlled act. The therapist went through extensive training to get this - let's not delegate an act, knowledge like a fast food system - the bare bones. Dangerous, increase liability. The college has to think about the safety of the public - this goes against that. Why would the college consider such a dangerous move?

5/30/2016 8:52 PM

disagreed. Internal Pelvic palpation is an advanced skill that requires significant training and appropriate clinical reasoning and judgment to be performed safely and effectively. Although the CPO has set out guidelines that serve to try and control the delegation of these acts to those with training, what constitutes sufficient training is open to interpretation. It is my opinion that the delegation specifically of Internal Pelvic Palpation not safe practice, and that there is not an appropriate circumstance under which the delegation of such would better serve the public.

5/30/2016 7:21 PM

Yes.
5/30/2016 3:23 PM

yes
5/30/2016 1:12 PM

I do not believe that pelvic floor physiotherapy internal work can be safely delegated.

5/30/2016 12:31 PM

yes
5/30/2016 12:32 AM

Does this include internal pelvic techniques? As a practicing pelvic floor rehab physio, I think pelvic techniques should NOT be delegated. This should be made clear to protect the public from unsafe practice.

5/29/2016 10:27 PM

the introduction to this email mentioned that delegating acts can save time. I do not believe that saving time should be at the risk of the patient's health

5/29/2016 8:26 PM

Again - We need to be proud of our UNIQUE knowledge and the years it takes to learn it and be careful when delegating them. This can be seen by funders of care that we are too expensive and can de-value our knowledge as physiotherapists if a number of delegates can perform the act. Not to be alarmist but it is a slippery slope with funders of physiotherapy and I argue will harm the profession in the long run. We need to be careful about which acts the profession delegates.

5/29/2016 3:23 PM

I really do NOT think it is safe or in the best interests of patients to delegate the act of internal examination of the pelvic floor

5/29/2016 1:08 AM

In my opinion, physiotherapists should NOT be able to delegate controlled acts to other health care professionals, or unregulated care providers/support staff. Inherent in the definition of a controlled act is that advanced skill, education and judgement is necessary to SAFELY perform such an act. Assessing whether or not another non-physiotherapist care provider has the appropriate educational background, skill level, and judgement required to perform the delegated acts is an inefficient and potentially catastrophic use of physiotherapist time and resources.

5/29/2016 12:58 AM

In the case of manipulation of a joint beyond its physiological limit, I believe this act should not be delegated by a Physiotherapist to any support personnel, kinesiologist, athletic therapist etc. Manipulation of the spine takes rigorous practice and supervision to enable safe, effective performance. These support personnel do not have the adequate training, knowledge, or skill to perform such acts and should never be delegated this task. Patient safety is paramount during manipulation, and this cannot be ensure when being delegated.

5/28/2016 9:31 PM

No i disagree that physiotherapists should be able to delegate controlled acts.

5/28/2016 9:52 AM

spinal manipulation takes many years of study and practice. to delegate this act would be irresponsible to the public despite meeting the conditions above. many physios take years to perfect spinal manips after completing the education necessary.

5/28/2016 9:20 AM

Very important measures to be taken

5/28/2016 6:26 AM

I do not believe that all controlled acts should be delegated. Acupuncture has been exempted and I believe internal pelvic palpation is also a skill that physiotherapist should not be able to delegate to anyone else. I do not see how the delegation of this skill would better serve the public.

5/27/2016 8:13 PM

Physiotherapists should not delegate the controlled act of spinal manipulation.

5/27/2016 6:45 PM

See previous comments.

5/27/2016 3:28 PM

I am concerned about the potential to delegate the act of internal pelvic palpation. This skill requires advanced training and a certain sensitivity to each client's unique situation. I do not believe it should be an act that can be delegated because I do not believe we can ensure that the person who it is being delegated is adequately trained and skilled to perform that act.

5/27/2016 1:36 PM

I don't agree with this statement in the case of pelvic health. Internal pelvic palpation is an advanced skill that requires significant training and appropriate clinical judgement to be performed safely and effectively. I don't believe delegating such a task would better serve our patients.

5/27/2016 12:45 PM

We should not be delegating the act of internal palpation. I think it is much more resonable to be able to delegate removal of acupuncture needles than to be able to delegate internal palpation. It requires much more clinical reasoning and skill. I perform both controlled acts.

5/27/2016 11:04 AM

I do not believe it would be EVER appropriate to delegate the controlled act of spinal manipulation or any part of it. (similar to it is not appropriate to delegate ANY part of Acupuncture. !!!!

5/27/2016 10:50 AM

Internal Pelvic palpation is an advanced skill that requires significant training and appropriate clinical reasoning and judgement to be performed safely and effectively. The college rostering process acknowledges the specialized skills required to safely perform this area of physiotherapy. A College's responsibility is to regulate the profession such that it protects the safety of the public. Under Ontario law, certain acts, referred to as "controlled acts," may only be performed by authorized healthcare professionals. However, under appropriate circumstances, these acts may be delegated to others.. It is my opinion that the delegation specifically of Internal Pelvic Palpation IS NOT A SAFE PRACTICE, and that there is not an appropriate circumstance under which the delegation of such would better serve the public.

5/27/2016 10:24 AM

Strongly disagree.

5/27/2016 9:56 AM
